

Important Submission Guidance for EHC Needs Assessment Request 2018/19

Please note that this form is only for Hackney residents. If the assessment request is for a child or young person who lives outside Hackney, please contact the SEND service in the home borough.

Statutory timescales (20 week process)

Statutory advice and consultations for school places cannot be responded to by schools in the 6 week holiday period. Therefore, in order to prevent unnecessary delay to the child/young person's assessment and for Hackney Learning Trust to adhere to the statutory timescales, schools/settings need to make referrals in the Autumn and Spring terms.

Phase Transfers

Nursery Schools

Due to the Primary Phase transfer process it is good practice for nurseries to make new requests for children before the end the autumn term in year -1. In only exceptional circumstances (i.e. child has complex needs just started at the setting) should a referral be made in the summer term.

Primary Schools

Due to the Secondary Phase transfer process it is good practice for schools to make new requests for children before the end of Year 5. In only exceptional circumstances (i.e. child has complex needs just started at the school) should a Year 6 referral be made and this should be at the latest by the end of the autumn term in Year 6.

Secondary Schools

Due to the Post 16 Phase transfer process it is good practice for schools to make new requests for children before the end of Year 10. In only exceptional circumstances (i.e. young person has complex needs just started at the school) should a Year 11 referral be made and this should be at the latest by the end of the autumn term in Year 11.

Incomplete requests

Requests for assessment cannot be considered until all the necessary documentation has been received. A checklist has been provided for education settings to ensure the necessary documents are included. The application form must be signed by the setting and the parent/carer.

Please return completed signed form by post or email to:

SEND Business Support Team
Hackney Learning Trust
1 Reading Lane, London E8 1GQ

Email: SEND.admin@learningtrust.co.uk

Further guidance and help

Please contact your EHC Plan Coordinator to discuss the application before submission.

Refer to the Documents Library on Hackney Local Offer:

<http://www.hackneylocaloffer.co.uk>

Application Submission Checklist for Education Settings

Please ensure you have attached	Please Tick ✓
Evidence of Attainment and progress (include assessment tool used)	<input type="checkbox"/>
Recent reports from other professionals, e.g. Speech and Language Therapist, Educational Psychologist, Paediatrician (<i>recent e.g. 1 year up to 18 months</i>)	<input type="checkbox"/>
At least 3 reviewed child/young person's Personalised Plans e.g. School SEN Support plans	<input type="checkbox"/>
Provision Map (outcomes based) with correct costings (refer to provision management guidance on Hackney Local Offer)	<input type="checkbox"/>
Child/Young Person's Views e.g. One Page Profile/Pupil Passport	<input type="checkbox"/>
Minutes from SEN reviews or Team Around the Child meetings from the last 12 months	<input type="checkbox"/>

This checklist is for education settings to ensure that all required evidence is included. Please note that if the above evidence is not included in the application it may not be successful.

Request for Statutory Education, Health and Care Needs Assessment			
Name of child/young person			
Name of School/Setting			
Unique Pupil Number:			
Date of birth of child/young person		Current year group	
If child/young person is not being taught in his/her correct chronological year group please give reasons			
Parents/carers names			
Address			
Telephone numbers			
Email			
Who has parental responsibility for the child/young person?			
Siblings/place in family			
Language(s) spoken			
Ethnicity			
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Language			
Name of person making the request			
Role			
Contact details (email/telephone/address)			

Reason for EHC Needs Assessment

Why is an EHC Needs Assessment necessary for this child/young person?

Please tick primary area of need (DFE categories - Tick one box only)

Communication and Interaction

Cognition and Learning

Social Emotional and Mental Health

Sensory and or Physical Needs

Impact of difficulty on child's/young's person learning (Please link to the indicated areas of need above)

What currently works well for the child/young person?

What is not working well for the child/young person (e.g. triggers to the child's/young person's difficulties)?

Educational Progress and Attainment

Early Years Foundation Stage Summary (Please complete the levels below and attach the development profile)

Prime areas of learning	Aspects of learning	Age/stage of development (in months)
Personal Social Emotional		
Communication		
Physical		
Thinking		

Primary and Secondary Stage

	Reading	Writing	Maths	Science
Current Level				
End of Key Stage 1				
End of Key Stage 2				
End of Key Stage 3				
End of Key Stage 4				
If using school specific assessment data, you must indicate how far below age expected child is currently working				
Other test data if applicable e.g. reading recovery level, reading age.				

External Agencies Involvement

Indicate which of the following Health/Education/Social Care services the child/young person accesses now or recently. Please also indicate if services have been offered but not taken up. If a referral has been made but no report received please indicate date of referral.

External Agency	Name and email contact details of specialist/s	Tick if report attached	Date of report
Portage/ Early Years Area SENCO		<input type="checkbox"/>	
Educational Psychology Service		<input type="checkbox"/>	
Specialist Teacher		<input type="checkbox"/>	
Visual Impairment Support		<input type="checkbox"/>	
Hearing Impairment Support		<input type="checkbox"/>	
PRU/Alternative Provision		<input type="checkbox"/>	
Home Education		<input type="checkbox"/>	
Re-engagement Unit		<input type="checkbox"/>	
Local Paediatrician e.g. Hackney Ark		<input type="checkbox"/>	
Specialist Hospital e.g. GOSH		<input type="checkbox"/>	
Speech and Language Therapy		<input type="checkbox"/>	
Occupational Therapy		<input type="checkbox"/>	
Physiotherapy		<input type="checkbox"/>	
Specialist feeding		<input type="checkbox"/>	
Children's Community Nursing Team		<input type="checkbox"/>	
Dietician		<input type="checkbox"/>	
Child and Adolescent Mental Health Service		<input type="checkbox"/>	
Health Visitor		<input type="checkbox"/>	
School Nurse		<input type="checkbox"/>	
Other		<input type="checkbox"/>	

You can attach a provision map but it must include the headings below and correct costings.

Outcome (medium term)	Intervention (solution)	Staff/pupil ratio	Staff (Mid-scale point)	Weekly Duration	Weekly cost	Annual cost
Total						£

Refer to the Provision Management Guidance in the Documents Library on Hackney Local Offer: <http://www.hackneylocaloffer.co.uk>

Health Provision

**Does the child / young person have formal medical
Diagnosis/condition (s)?**

Yes

No

If Yes, please give details

**Does the child/young person have ongoing and lasting health needs that
will require specialist treatment for the foreseeable future?**

Yes

No

If Yes, please give details

**Are these health needs likely to impact on the child's / young person's
current and future educational progress and attainment?**

Yes

No

If Yes, please give details

Social Care Provision

Is the child / young person known to Social Care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Which Social Care Team/Social Worker?			
Has an early help assessment been carried out?	Yes	No	
What is the status of the child / young person? Please tick.	Looked After Child <input type="checkbox"/>	Child in Need <input type="checkbox"/>	Child Protection <input type="checkbox"/>
Does the child/young person/family receive any support from other services e.g. key working or young Hackney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please give details			
Does the child/young person have access to short breaks provision?	Yes	No	
If yes, please give details			

Child's/young person's views

Please attach One Page Profile or other pupil voice tool

Parent's/Carer's views

I agree to this request for Statutory EHC Needs Assessment.	
Signed	Date

Statement from Headteacher/Nursery Manager supporting the request for an EHC Needs Assessment

Signed	Date
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Data Protection Statement:

The London Borough of Hackney (LBH) will use the information provided in this form for the purpose of deciding whether or not to conduct an Education, Health and Care Needs assessment for the above named child. LBH will only process your personal information for the purpose for which it was collected unless additional processing is required by law or in circumstances where the relevant conditions within the General Data Protection Regulation (GDPR) and Data Protection Act (2018) are satisfied. LBH maintains and uses information collected from children and families for whom it provides services to enable it to carry out functions for which it is responsible. Your personal information, including sensitive personal information (as defined by the Data Protection Act) may be shared between internal departments or with external partners and agencies involved in delivering statutory and other services.

For further details of how we process personal data please see the LBH Privacy Statement online at <https://hackney.gov.uk/privacy>.